
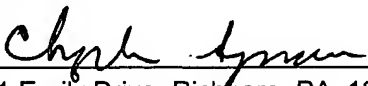




80113-0392 (D3086)

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	80113-0392 (D3086)	
		First Named Inventor	Reem Safadi	
		COMPLETE IF KNOWN		
		Application No.	10/728,537	
		Filing Date	December 5, 2003	
		Group Art Unit	Unassigned	
		Examiner Name	Unassigned	
<input checked="" type="checkbox"/> Declaration submitted with initial filing <input type="checkbox"/> Declaration submitted after initial filing				
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  <b>"METHOD AND APPARATUS FOR GENERATING A PERSONALIZED NAVIGATIONAL GRAPHICAL USER INTERFACE INCORPORATING MULTIPLE TYPES AND SOURCES OF CONTENT"</b>  the specification of which <input type="checkbox"/> is attached hereto or <input checked="" type="checkbox"/> was filed on <u>December 5, 2003</u> , as United States Application Number or PCT International Application Number: <u>10/728,537</u> and was amended on _____ (if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.				
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES      NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.				
Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		

<b>DECLARATION - Utility Or Design Patent Application</b>															
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>															
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)												
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<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>															
<input checked="" type="checkbox"/> All practitioners associated with Customer Number:		<b>20,480</b>													
<p style="text-align: center;">and</p> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below															
Name	Registration No.	Name	Registration No.												
John V. Silverio	34,014														
Caroline T. Coker	50,516														
Esteban A. Rockett	55,578														
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.															
<input checked="" type="checkbox"/> Direct all correspondence to Customer Number or Bar Code Label:		<b>20,480</b>													
<p style="text-align: center;">or</p> <input type="checkbox"/> Correspondence Address Below															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Attorney</b></td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Firm Name</b></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Address</b></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>City, State, Zip</b></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Country</b></td> <td style="padding: 2px;"><b>Telephone</b></td> </tr> <tr> <td></td> <td style="padding: 2px;"><b>Fax</b></td> </tr> </table>				<b>Attorney</b>		<b>Firm Name</b>		<b>Address</b>		<b>City, State, Zip</b>		<b>Country</b>	<b>Telephone</b>		<b>Fax</b>
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	<b>Fax</b>														
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>															
<b>Name of First Inventor</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
<b>Full Name of Inventor</b>	Reem Safadi	<b>Citizenship</b>	U.S.A.												
<b>Inventor's Signature</b>		<b>Date</b>	5/6/04												
<b>Residence:</b>	429 Brown Briar Circle, Horsham, PA 19044 U.S.A.														
<b>Post Office Address</b>	Same as Residence														
<b>Name of Second Inventor</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
<b>Full Name of Inventor</b>	Christopher Seymour	<b>Citizenship</b>	U.S.A.												
<b>Inventor's Signature</b>		<b>Date</b>													
<b>Residence:</b>	648 Wimbledon Lane, Hatfield, PA 19440 U.S.A.														
<b>Post Office Address</b>	Same as Residence														

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Inventor's Signature		Date																					
Residence:	429 Brown Briar Circle, Horsham, PA 19044 U.S.A.																						
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Full Name of Inventor	Christopher Seymour	Citizenship	U.S.A.																				
Inventor's Signature		Date	5/06/2004																				
Residence:	21 Emily Drive, Richboro, PA 18954 USA																						
Post Office Address	Same as Residence																						